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**Application or Doctor Number**

707632.580
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(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))	12	
TOTAL CLAIMS (37 CFR 1.16(a))	12 minus 20 =	X
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 minus 3 =	X
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(c))		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**CLAIMS AS AMENDED - PART II**

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total (37 CFR 1.142)	20	Minus	20		X
Balance Due (37 CFR 1.144)	3	Minus	3		
FIRST REPRESENTATION OF MULTIPLE DEPENDENT CLASS (37 CFR 1.150)					

FIRST PRESENTATION OF MULTIPLE DEPENDENT CALL (37 CFR 1.1510)

SMALL ENTITY	
RATE	FEE
•	\$ _____
X \$ _____	
X \$ _____	
+ \$ _____	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	FEE
Basic	\$750
X \$ _____	
X \$ _____	
X \$ _____	
TOTAL	\$750

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.1822)			None	"	"
Indefinite (37 CFR 1.1823)			None	"	"
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1824)					

**FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))**

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
<b>TOTAL ADDL FEE</b>	

<b>RATE</b>	<b>ADDITIONAL FEE</b>
× \$ _____	
× \$ _____	
× \$ _____	
<b>TOTAL ADDL FEE</b>	

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.100)	20	Minus	20	
	Interdependent - (37 CFR 1.100g)	3	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.100f)					

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.180(f))

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADDL FEE	

RATE ..	ADDITIONAL FEE
X \$ _____	
X \$ _____	
+ \$ _____	
TOTAL ADDL FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
  - If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total of Independent) is the highest number

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.**